United Nations E/ICEF/1999/P/L.9

Economic and Social Council

Distr.: Limited
28 October 1998

Original: English

United Nations Children's Fund
Executive Board
First regular session 1999
19-22 and 25 January 1999
Item 6 of the provisional agenda*

For information

Country note**

Cape Verde

Summary

The Executive Director presents the country note for Cape Verde for a programme of cooperation for the period 2000 to 2004.

The situation of children and women

1. Cape Verde is an archipelago of 10 small islands with a Sahelian climate that is prone to droughts. Its population of 406,000 (1997) is growing at an annual rate of 2.5 per cent and the per capita gross national product (GNP) is $1,010 (1996). Nevertheless the country is classified as a least developed country and its economy remains highly dependent on official development assistance (ODA)(29 per cent of GNP) and on remittances from emigrants.

2. Successive Governments since independence in 1975 have been characterized by good governance, effective management of ODA and relatively high levels of social investment, with more than 20 per cent of total public expenditure allocated to the social sector. This has led to good levels of social indicators relative to the subregion. The Government has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country has constraints due to its limited natural resources, its territorial discontinuity and the persistence of socio-economic disparities (30 per cent of the population are poor). Forty-one per cent of all households are headed by women. Unemployment, affecting mainly women, is estimated by the Government at 26 per cent (1997). Urban population growth, at 6.4 per cent per year, has led to a doubling of the urban poor from 1990 to 1995. Other consequences of urbanization include the breakdown of traditional social structures and a rise in juvenile prostitution, illegal drug consumption and the number of children living and working in the street.

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

3. UNICEF estimates of the infant and under-five mortality rates for 1997 were 54 and 73 per 1,000 live births, respectively. The maternal mortality rate is estimated by the Government to be 55 per 100,000 live births (1995). Some 14 per cent of children under five years of age are underweight (1994). Net primary school enrolment was 98 per cent in 1997. Despite these encouraging indicators, disparities remain within the country and the quality of both basic social service delivery and child care need improvement.

4. The immediate causes of under-five morbidity and mortality are diarrhoeal diseases and acute respiratory infections. Iodine deficiency is widespread, affecting one quarter of all school-age children. The prevalence of anaemia is very high nationwide, reaching 70 per cent among children under the age of six years (1996). Only 8 per cent of mothers practice exclusive breastfeeding during the first three months. Poor hygiene practices and inadequate access to water and sanitation in peri-urban and rural areas led to a cholera epidemic in 1995, which cost 252 lives. Measles immunization coverage dropped from 85 per cent in 1991 to 70 per cent in 1995, with an epidemic in 1997. In both epidemics, Santiago Island accounted for the majority of victims. Among children and adults, HIV/AIDS is an increasing risk; the number of registered HIV seropositive cases was 429 in 1996, but the real number is estimated by the Government to be about 3,000. There are no gender disparities in basic education enrolment, but its quality needs improvement. Only half the primary school teachers have had formal training, and a 1997 survey of 2,000 primary schoolchildren showed that learning achievement was inadequate. Teenage births are a problem; 45 per cent of all first-time mothers are under 20 years of age. Twenty-eight per cent of adults are illiterate, over two thirds of them women.

Lessons learned from past cooperation

5. The previous programme of cooperation actively promoted the rights of children and women. The initial report on the status of implementation of the Convention on the Rights of the Child was finalized and approved by the Government, revision of the Family Code and Code for Minors was concluded and a social policy framework for children and adolescents was designed. The judicial system, police and schools have recognized the problems of sexual abuse and violence against children and women and have committed themselves to tackle the problems. A broad knowledge base on children and women in Cape Verde has been acquired through studies and evaluations. An agreement was signed on the Vaccine Independence Initiative and from 1998, the Government took over the purchase of vaccines. One of the country's three hospitals was certified as "baby-friendly". Approximately 13,500 people gained access to safe water in the rural areas of Santo Antao and Santiago Islands and time spent by women in the target communities to fetch water was reduced by 40 per cent. The quality of education was improved by the training of 300 primary school teachers (about 10 per cent of the national total) in Portuguese, mathematics, gender awareness and hygiene; by the provision of didactic materials to 9,000 primary school children and 2,200 pre-school children; and by the rehabilitation of 10 primary schools, including provision of water supply and sanitation facilities. On the other hand, the epidemics of cholera and measles show persistent weaknesses in the quality and utilization of the health service delivery system. Other constraints include post vacancies and frequent changes in personnel, insufficient coordination between development partners and the lack of clear government policies in the areas of early childhood development and rural sanitation.

6. The key lesson learned, as highlighted by the 1997 mid-term review, was that UNICEF should continue to shift more resources from supply assistance to strategies promoting quality, capacity-building and sustainability of services. There is need to promote gender issues and behavioural change, based on a better understanding of cultural traditions. It is also crucial that future programme strategies be planned with a view to increasing complementarity and coordination with other development partners.

Proposed country programme strategy

7. The proposed country programme is being prepared within the framework of Cape Verde's national development priorities, which include national goals for children's and women's survival, development, protection and participation. Children were active participants in the preparation of Cape Verde's situation analysis of children and women. While a preliminary Common Country Assessment exists, the country strategy note has not been prepared to date. Collaboration and complementarity of activities among United Nations agencies need to be strengthened, including in the context of a United Nations Development Assistance Framework.

8. The country programme's goal is to assist the Government in sustaining and building upon social gains, ensuring equity (including gender equity), enhancing the

quality of basic services for survival, development and protection and promoting children's participation. The country programme will address further reduction of childhood morbidity and mortality, enhancement of the quality of basic education and prevention of violence against children and women.

9. The proposed country programme will comprise programmes for basic social services and social policy development. The first will intervene essentially on Santiago Island in the areas of primary health care and nutrition; water, environmental sanitation and hygiene; and basic education. Santiago Island, which accounts for more than one half the country's population, has basic social services, especially in rural and peri-urban areas, that lag behind the rest of the country, and major bilateral donors already intervene on other islands. The second programme will intervene primarily at the national level in the areas of policy development and child protection and participation, with special attention to children in need of special protection in the cities of Praia and Mindelo.

10. Generally, field interventions will focus on municipal and community levels, strengthening institutional and human resource capacities, thus promoting sustainability. Best practices and lessons learned will be used to develop child-focused national policies and promote the participation of United Nations agencies, bilateral and multilateral donors and non-governmental organizations. Schools will be used as a platform for behavioural change and gender awareness through effective information, education and communication activities. Linkages and information exchange on social development issues will be maintained with other Portuguese-speaking countries.

11. Through a combination of local capacity-building, social mobilization and targeted service delivery, the health and nutrition component of the *basic social services programme* will focus on the prevention and correct case management of common childhood diseases. This will include the increase and maintenance of immunization coverage and the promotion of exclusive breastfeeding and iodized salt consumption. Regarding water, sanitation and hygiene, the programme will seek to ensure sustainable access to water and sanitation in target primary schools and surrounding communities; to increase hygiene awareness among primary school-children; and to use these schools as entry points to improve the hygiene practices of communities. In education, the programme will use a mix of capacity-building and empowerment strategies to improve the competency of teachers, enhance children's learning achievement in the targeted primary schools and promote the participation of students and parents in the management of school activities.

12. Through advocacy and technical support, the *social policy development programme* will use the experience gained from the first programme to promote the development and implementation of appropriate policies and operational strategies; to provide evidence for maintaining or increasing the level of public investment in basic social services; and to strengthen mechanisms for the coordination, monitoring and evaluation of programmes for children. The programme will also seek to enhance families' and communities' knowledge, skills and awareness of children's protection and participation rights, with special attention to such emerging issues as drug use, teenage pregnancy, violence and sexual abuse of children and women.

13. An integrated monitoring and evaluation plan will be developed and used to guarantee effective and efficient programme implementation and monitoring of the situation of children and women. Annual management plans and reviews will be used, together with quality assurance indicators to strengthen country office management. An integrated communication plan will be prepared to target and rationalize interventions in behavioural change, and a resource mobilization plan will be developed for the country programme.

Estimated programme budget

Estimated programme cooperation, 2000-2004 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Basic social services	2 390	1 250	3 640
Social policy development	800	250	1 050
Total	3 190	1 500	4 690

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.